

Date of Crash **06/05/2024** Time of Crash **1443** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
ORCHARD ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 24-171-AC**

License # **SA8130318** St **MA** DOB/Age **11/17/2005** Reg # **3VGE35** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2013** Veh Make **DODGE** Veh Config. **1**
Operator **MULCAHY-ROCHE, LOGAN MATTHEW** Owner **MULCAHY, CARA M**
Address **157 AUBURN ST** Address **157 AUBURN ST**
City **AUBURN** State **MA** Zip **01501-2031** City **AUBURN** State **MA** Zip **01501-2031**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **5**
Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **1**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Towed from scene? **2**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	4	0	0	10	1
HEATH MULCAHY	157 AUBURN ST AUBURN, MA 01501-2031	07/05/2003	M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S78269495** St **MA** DOB/Age **04/09/1937** Reg # **4AVR44** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2022** Veh Make **TOYOTA** Veh Config. **1**
Operator **RIEDER, RAY MILFORD** Owner **RIEDER, RAY MILFORD**
Address **17/1 DALE AVE** Address **17/1 DALE AVE**
City **AUBURN** State **MA** Zip **01501-0000** City **AUBURN** State **MA** Zip **01501-0000**
Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**
Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **1**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Towed from scene? **1**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above	X	X	1	1	4	0	0	1	

Date of Crash 06/05/2024 Time of Crash 1443 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 1

Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details for Auburn St and Orchard St intersection, including route numbers, directions, and landmarks.

Please Select One of the Following: [X] Vehicle 3 Occupants [] Hit/Run [] Moped Crash Report ID# 24-171-AC

Operator and Owner information: License # S63759043, Operator BOUDREAU, VICTORIA LYNNE, Owner MASTERMANS LLP, Address 61 NEW BRAINTREE RD.

Table with 12 columns: Name, Address, DOB/Age, Sex, 34 Seat Pos, 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility.

Please Select One of the Following: [] Vehicle 4 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

Operator and Owner information for a second vehicle, including license, name, address, and vehicle details.

Table for Operator/Occupants with 12 columns: Name, Address, DOB/Age, Sex, 34 Seat Pos, 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility.

